

Section 5 Plates Cancellation Form

Commonwealth of Massachusetts
Registry of Motor Vehicles
PO Box 55897
Boston, MA 02205-5897
Section Five Department
857-368-8030 (phone)
857-368-0823 (fax)

This is to certify that the registrant wishes to cancel the Master Registration or plate(s) described below, but is unable to return the plate(s) because of the reason stated below. If the master registration is being cancelled, complete Registration Type and Registration Number only. If only a plate(s) is being cancelled, complete Registration Type, Registration Number, and Suffix Letters.

Registration Type _____ Registration Number: _____ Suffix Letter(s): _____

Corporation / Business Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Business Phone Number: _____

State reason plate(s) is not returned _____

If you are not canceling the entire Master Registration, there is a \$25.00 fee for amending the Master Registration.

I affirm that all statements herein are true to the best of my knowledge and belief.
FALSE STATEMENTS ARE PUNISHABLE BY FINE, IMPRISONMENT, OR BOTH
(Gen laws Ch 90, Sec 24)

Information of Person Presenting this Affidavit (if Not the Owner)

Identification must be presented at time of cancellation.

Name _____ License # _____

Address, City/Town _____

Signature _____ Date _____

Note: If this cancellation request is submitted by mail, then it must be accompanied by a photocopy of an owner's photo ID, such as driver's license or Massachusetts photo ID.

RMV USE ONLY

Clerk Initials: _____ Date: _____